Form pres Comptroller Septemb (Gen. Reg. No. 8 (Amended Feb	PAID BY							
		(Department, bur	eau, or establishment)				1D D1	
oucher prepare	ared at		(Give place and date)					
THE UNITED S	1	2079	1					
T1	SAPC 10273							
(o	~~~~~	(Pa	yee)			COPY /	OF 2	1
			(CI+)	(State)		1		
		iress) (City) ARTICLES OR SERVICES (Enter description, item number of contract or Federa				UNIT PRICE	AMOUNT	
No. and Date of Order	Date of Delivery or Service	(Enter description, it schedule, and ot Discount Terms	em number of contract of ther information deemed	rederal supply necessary)	QUANTITY	Cost Per	Dollars	Cts
		Costs					115	90
AYMENT:								
Complete								
Partial								
Final			inuation sheet(s) if necessa				\$ 115	-90
nipped from				vernment B/L No.	vee must NOT	use this space)	\$ 115	- 30
certify that the a	above bill is correc	t and just and that payme	nt has not been received.	s not been received. Differences				.,
	STATINTL	(Sign original only)		Dinete				
10-18-	E6						-	
Date	-50 *Payee	required when a like o	ertificate is made by payee on attached	bill or bills)	ount verified; c	annat far t	115	94
Per		Title Co	ontroller		nature or initia	() uv	-	
Contract No.	ALOL	Date	Req. No.		Date	Invoice Rec	'd.	
uranant to author	rity vested in me.	I certify that this account	is correct and proper for p	ayment.		10/	1	
	-			+		10/3	0/56	
Approved for \$	-4448666494444		SIGN	1			/	/
			ORIGINAL ONLY	Title			/	91/
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itle	THE DEVENCE OF T	HIS FORM MUST BE EXECUTED W	HEN PURCHASES ARE MADE OR					
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	ACCOU	NTING CLASSIFICATION	(Appropriation Symbol	must be shown; ot	her classification	on optional)	·	
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Paid by { Check }	No		, 19, for	\$		{on Treasurer of the payee named above	: United States in :.	n favoz c
AIG DY \		, on	10	Payee	4.4			

Standard Form No. 1035a—Revised

Form prescribed by Comptroller Apperoved For Revelse Yourns for Clare 1954-01360R000400120038 ANDUM September, 1950

(Gen. Reg. No. 51, Supp. No. 11)

Services Other Than Personal

CONTINUATION SHEET

U. S		(Department, bureau, or establishment))1				
No. and Date	Date of Delivery or Service	ARTICLES OR SERVICES	QUAN- TITY	UNIT PRICE		AMOUNT	
of Order		(Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		Cost	Per	Dollars	Cts.
		Contract AlO1 - System IV	AV WYC W TYLLY THE BEST OF THE				
		Direct Costs Properly Chargeable to Contract AlOl for the period 10-1-56 thru 10-7-56				STATIN	1LL
		Labor Week Ending October 7, 1956					
ΓΑΤΙΝΤL		Overhead computed for the Electronic Instrumentation Division at interim rate of					
		Total Labor and Overhead					
ΓΑΤΙΝΤL		G & A expense computed at interim rate of					
		Total Costs				\$115	; 90
			America Communication of the C				
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